

APPLICATION FOR TRANSFER AND SUPPLEMENTAL LIENS

Purpose: Use this form to apply for a lien transfer or a supplemental lien.

Instructions: Submit this form to any DMV customer service center with the appropriate fees. You may also mail the form and fees to the Titling Work Center at the address above.

APPLICATION TYPE

CHECK ONE:

- ☐ **Transfer of Lien:** Submit an original title unless the lienholder is a participant in the electronic title program. Complete sections (1) Owner Information, (2) Vehicle Information, (3) Current Lien Information, (4) Transfer of Lien, and (6) Certification.
- ☒ **Supplemental Lien:** Submit an original title unless the new lienholder is the same as the old lienholder and the lienholder is a participant in the electronic title program. Complete sections (1) Owner Information, (2) Vehicle Information, (3) Current Lien Information, (5) Supplemental Lien, and (6) Certification.

1. OWNER INFORMATION

OWNER FULL LEGAL NAME (last, first, middle, suffix) PRASAD, SUNDARI, KARMA		TELEPHONE NUMBER ()	DMV CUSTOMER NUMBER / FEIN / SSN	
CO-OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER ()	DMV CUSTOMER NUMBER / FEIN / SSN	
MAILING ADDRESS 3940 FAIRVIEW DR		CITY OR TOWN FAIRFAX	STATE VA	ZIP CODE 22031
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

2. VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN) 3N1CN8DV3NL860264		TITLE NUMBER	PLATE NUMBER	PLATE TYPE
YEAR 2022	MAKE NISSAN	MODEL VERSA	BODY TYPE 4D SEDAN AT	WEIGHT

3. CURRENT LIEN INFORMATION

Check One: ☐ Printed original paper title certificate attached ☐ Original title certificate is electronic title (no paper title attached)

FIRST LIEN	LIENHOLDER NAME		LIENHOLDER CODE	LIEN DATE (mm/dd/yyyy)	
	LIENHOLDER MAILING ADDRESS		CITY OR TOWN	STATE	ZIP CODE
SECOND LIEN	LIENHOLDER NAME		LIENHOLDER CODE	LIEN DATE (mm/dd/yyyy)	
	LIENHOLDER MAILING ADDRESS		CITY OR TOWN	STATE	ZIP CODE

4. TRANSFER OF LIEN

Complete this section only to transfer a lien to a new lienholder.

NEW LIENHOLDER NAME		LIENHOLDER CODE	DATE OF LIEN FILING (mm/dd/yyyy)	
MAILING ADDRESS		CITY OR TOWN	STATE	ZIP CODE

5. SUPPLEMENTAL LIEN

Complete this section to add a lien. The priority of the security interest will be determined according to the date of the application filing (Virginia Code § 46.2-637).

LIENHOLDER NAME Capital Community Bank		LIENHOLDER CODE	DATE OF LIEN FILING (mm/dd/yyyy)	
MAILING ADDRESS 15400 Sherman Way, Suite 300		CITY OR TOWN Van Nuys	STATE CA	ZIP CODE 91406

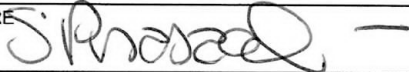
LOG NUMBER

TITLE NUMBER

6. CERTIFICATION

I/we hereby make application for a title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

Owners must sign when application is made for a supplemental lien. Lienholders must sign when transferring a lien.

OWNER SIGNATURE 		DATE (mm/dd/yyyy) 8/21/23
CO-OWNER SIGNATURE		DATE (mm/dd/yyyy)
CURRENT LIENHOLDER NAME (print)	CURRENT LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)
NEW LIEN HOLDER NAME (print)	NEW LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)

PRIVACY ACT NOTICE

The information, including Social Security Number, is requested in accordance with §46.2-623 (Virginia Code). Any person who refuses to supply the required information will be denied a Certificate of Title and/or registration. Title and registration records may be disseminated in accordance with Virginia Code §§ 46.2- 208 through 46.2-214, to business, law enforcement, or authorized government entities.